

**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
AMBULATORY SURGERY DATA RECORD
MANUAL ABSTRACT REPORTING FORM**

Effective with encounters occurring on or after January 1, 2009

Instructions: For a description of the data elements, refer to the appropriate section of the Patient Data Reporting Requirements
(Title 22, Sections 97251 through 97265, and 97267)

FACILITY ID NUMBER <input style="width:100%; height: 20px;" type="text"/>	ABSTRACT RECORD NUMBER (Optional) <input style="width:100%; height: 20px;" type="text"/>			
DATE OF BIRTH <input style="width:100%; height: 20px;" type="text"/> <i>Month Day Year (4-digit)</i>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 5px;"> SEX F Female M Male U Unknown <input style="width: 20px; height: 20px;" type="checkbox"/> </td> <td style="width:40%; padding: 5px;"> RACE R1 American Indian or Alaska Native R2 Asian R3 Black or African American R4 Native Hawaiian or Other Pacific Islander R5 White R9 Other Race 99 Unknown <input style="width: 20px; height: 20px;" type="checkbox"/> </td> <td style="width:30%; padding: 5px;"> ETHNICITY E1 Hispanic or Latino E2 Non-Hispanic or Non-Latino 99 Unknown <input style="width: 20px; height: 20px;" type="checkbox"/> </td> </tr> </table>	SEX F Female M Male U Unknown <input style="width: 20px; height: 20px;" type="checkbox"/>	RACE R1 American Indian or Alaska Native R2 Asian R3 Black or African American R4 Native Hawaiian or Other Pacific Islander R5 White R9 Other Race 99 Unknown <input style="width: 20px; height: 20px;" type="checkbox"/>	ETHNICITY E1 Hispanic or Latino E2 Non-Hispanic or Non-Latino 99 Unknown <input style="width: 20px; height: 20px;" type="checkbox"/>
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ZIP CODE <input style="width:100%; height: 20px;" type="text"/> <i>99999 = Unknown</i>	PATIENT'S SOCIAL SECURITY NUMBER <input style="width:100%; height: 20px;" type="text"/> Report 000000001 (Unknown) if not recorded in the patient's medical record			
SERVICE DATE <input style="width:100%; height: 20px;" type="text"/> <i>Month Day Year (4-digit)</i>				

PRINCIPAL LANGUAGE SPOKEN

Enter only one 3-digit value in the space provided.
 Or, if patient's Principal Language Spoken is not included in the list, then enter language spoken, up to 24 alpha characters.

- | | |
|-------------------|--------------------------|
| ENG English | LAO Laotian |
| ARA Arabic | HMN Miao, Hmong |
| ARM Armenian | KHM Mon-Khmer, Cambodian |
| CHI Chinese | NAV Navajo |
| FRE French | PER Persian |
| CPF French Creole | POL Polish |
| GER German | POR Portuguese |
| GRE Greek | RUS Russian |
| GUJ Gujarathi | SCR Serbo-Croatian |
| HEB Hebrew | SPA Spanish |
| HIN Hindi | TGL Tagalog |
| HUN Hungarian | THA Thai |
| ITA Italian | URD Urdu |
| JPN Japanese | VIE Vietnamese |
| KOR Korean | YID Yiddish |
| | 999 Unknown |

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EXPECTED SOURCE OF PAYMENT

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- | | |
|--|---------------------------------------|
| 09 Self Pay | DS Disability |
| 11 Other Non-federal programs | HM Health Maintenance Organization |
| 12 Preferred Provider Organization (PPO) | MA Medicare Part A |
| 13 Point of Service (POS) | MB Medicare Part B |
| 14 Exclusive Provider Organization (EPO) | MC Medicaid (Medi-Cal) |
| 16 Health Maintenance Organization (HMO) Medicare Risk | OF Other Federal program |
| AM Automobile Medical | TV Title V |
| BL Blue Cross/Blue Shield | VA Veterans Affairs Plan |
| CH CHAMPUS (TRICARE) | WC Workers' Compensation Health Claim |
| CI Commercial Insurance Company | 00 Other |

DISPOSITION OF PATIENT

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- 01 Discharged to home or self care (routine discharge)
- 02 Discharged/transferred to a short term general hospital for inpatient care
- 03 Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of covered skilled care
- 04 Discharged/transferred to an intermediate care facility (ICF)
- 05 Discharged/transferred to another type of institution not defined elsewhere in this code list
- 06 Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care
- 07 Left against medical advice or discontinued care
- 20 Expired
- 43 Discharged/transferred to a federal health care facility
- 50 Discharged home with hospice care
- 51 Discharged to a medical facility with hospice care
- 61 Discharged/transferred to a hospital-based Medicare approved swing bed
- 62 Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part unit of a hospital
- 63 Discharged/transferred to a Medicare certified long term care hospital (LTCH)
- 64 Discharged/transferred to a nursing facility certified under Medicaid (Medi-Cal), but not certified under Medicare
- 65 Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
- 66 Discharged/transferred to a Critical Access Hospital (CAH)
- 00 Other

PRINCIPAL DIAGNOSIS

ICD-9-CM CODE

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OTHER DIAGNOSES

ICD-9-CM CODE

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